Exhibit A

CASE NO: 2:15-MD-02641-DGC

1	3. If she had been given the choice, Ms. Tinlin would have opted for a		
2	permanent filter. (<i>Id.</i> at 169:20-170:2.)		
3	4. Ms. Tinlin was born on . (<i>Id.</i> at 36:13-14.)		
4	5. Ms. Tinlin was born in a small town in Wisconsin, has lived in Wisconsin		
5	for her whole life, and currently resides in . (<i>Id.</i> at 35:20-36:12.)		
6	6. Ms. Tinlin has a husband, Jim, who she has been married to since 1984. (<i>Id.</i>		
7	at 37:22-38:1.)		
8	7. Ms. Tinlin has one son, Andrew, who is currently 28 years old. (<i>Id.</i> at		
9	38:19-39:1.)		
10	8. Ms. Tinlin was implanted with a Bard Recovery filter on May 7, 2005. (Ex.		
11	2, Debra Tinlin Dep., Exh. 4.)		
12	9. On June 10, 2013, Ms. Tinlin was brought to the ER, diaphoretic and		
13	hypotensive, and was diagnosed with cardiac tamponade, cardiogenic shock, multi-organ		
14	system failure (including respiratory failure, circulatory failure, liver failure, renal failure,		
15	and complex metabolic derangement specifically hyperkalemia) and delirium. It was		
16	discovered that the filter had fractured and two struts had embolized to the right ventricle,		
17	causing a massive pericardial effusion around the heart with significant compression of		
18	the ventricles. She underwent emergent surgical drainage of 600mL of bloody effusion		
19	with drain placement but the struts could not be located. After ten days, she was		
20	discharged in improved condition, but removal of the fractured struts from her right		
21	ventricle was not attempted due to her critical status. (Ex. 3, Debra Tinlin Dep., Exh. 3, at		
22	5 (referencing medical records).)		
23	10. On July 31, 2013, a fractured strut was successfully removed through open		
24	heart surgery and Ms. Tinlin reported feeling better. (Id.)		
25	11. On August 7, 2013, a follow -up chest CT demonstrated the filter in stable		
26	position with seven struts (not the original eight), and several of the remaining seven		
27	struts were seen projecting outside the lumen of the vena cava. A single 5mm retained		
28	foreign body was seen in the basilar interventricular septum. (<i>Id.</i>)		

1		c. Bard does not understand the root cause of why its filters perforate	
2	(id. at 28:12-15);		
3		d. Bard does not understand the root cause of why its filters tilt (id. at	
4	28:18-19);		
5		e. Bard does not understand the root cause of why its filters fracture (id.	
6	at 28:22-23);		
7		f. Bard did not have a good understanding of the long-term	
8	performance of its IVCs filters (id. at 29:1-4);		
9		g. If any company, including Bard, was concerned about its IVC filters'	
10	migration (id	. at 49:22-50:2; 51:7-13);	
11		h. Bard was considering discontinuing the Recovery filter at the time of	
12	Ms. Tinlin's implantation (id. at 52:8-14); and		
13		i. Bard was aware of large data sets that reported issues with Recovery	
14	migration (id	. at 78:7-13).	
15	18.	All of the above information, not disclosed to Dr. Riebe, is important to Dr.	
16	Riebe for the	risk-benefit profile for IVC filters to minimize the risk to patients. This is of	
17	paramount in	nportance to him. (<i>Id.</i> at 15:18-16:7; 29:19-24.)	
18	19.	Dr. Riebe would have also expected Bard to have:	
19		a. Completed a safety study on the Recovery filter before it began to	
20	sell it (id. at :	53:19-24);	
21		b. Completed root-cause analyses for why filers were fracturing,	
22	migrating, an	d killing people (id. at 59:21-24); and	
23		c. Disclosed to him that the Recovery filter had a higher fatality rate	
24	than numerou	us other available IVC filters (id. 61:24-64:8).	
25	20.	Information not known or disclosed to Dr. Riebe could not be relayed to his	
26	patients, and	he could not consider information unknown to him for his own analysis for a	
27	proper risk-b	enefit decision for patient safety. (Id. at 25:5-16; 30:1-3; 54:1-2.)	
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unstable and is causing the patient multiple issues and symptoms and will need removal

1	using advanced endovascular techniques that will require referral to a specialist in			
2	complex removal of these devices." (Ex. 6, Dr. Darren Hurst Dep., Exh. 3, at 21.)			
3	30. Plaintiffs' engineering expert, Dr. McMeeking, explained in his expert			
4	report that "[R]easonable alternative designs and alternative features available to Bard			
5	before Mrs. Tinlin received her filter include many features that I have previously			
6	identified in my reports and deposition testimony: caudal anchors, penetration limiters,			
7	two-tier design, and a better (smoother and rounded) chamfer at the mouth of the "cap" on			
8	the filter. Many of these design features existed in other IVC filter products already on			
9	the market, including the Simon Nitinol Filter, the Cook Gunther Tulip filter, the			
10	Greenfield filter, and the Cook Bird's Nest filter." (Ex. 8, Dr. McMeeking Expert Report,			
11	Dec. 7, 2018, at 3.)			
12	RESPECTFULLY SUBMITTED this 1st day of March, 2019.			
13				
14	BEUS GILBERT PLLC			
15	By: /s/ Mark S. O'Connor			
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	d .			

CERTIFICATE OF SERVICE I hereby certify that on this 1st day of March 2019, I electronically transmitted the attached document to the Clerk's Office using the CM/ECF System for filing and transmittal of a Notice of Electronic Filing. /s/ Jessica Gallentine